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LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: The patriotism of the trained nurses of this country, being true American women, is not to be questioned. At the same time, they are women of common-sense, and we will assume that having considered the matter, they will ask themselves the question, "Why should I?"

What material expression has this country given of its appreciation of the good work done by the true women who gave their services, some their lives, during the Spanish-American War?

With what success do the Surgeon-General and the Superintendent of the Army Nurse Corps meet in their efforts to secure better conditions for the members of the corps?

None whatever.

General O'Reilly in his last report suggests "that some inducement to remain in the corps should be offered to the older and most highly efficient nurses. An increase of five per cent. for every three years of service would be in line with the procedure in other branches of the military establishment and attain the desired end at a trifling cost to the government."

The question of pay is one that might well be considered. Surely the government might be expected to pay its nurses a little better than civil hospitals, many of which are kept up by popular subscription.

Forty and fifty dollars a month is not much when one considers it is not, as in civil hospitals, "clear money," but out of this the nurse will pay a "mess bill" of from two dollars to eight dollars per month and for the laundering of her clothes, the latter no small item. The uniforms are white, and in the warm climates one rarely wears one the second day, while during the rainy season even more are necessary.

But the army nurse is not so mercenary as to make this increase a great inducement. There are other things that might be done at no cost of money that would make life more bearable.

A young army doctor once remarked, "It is unfortunate, the rating of the army nurses. You know the army people swear by the Blue Book, and they cannot be expected to recognize socially one who ranks with the enlisted man."

The remark is worthy of notice only in this way: Nurses are too busy to have social aspirations, but it is this spirit carried into the ward that has lost to the Army Nurse Corps some of the finest nurses it has numbered among its members—women who have held on, hoping against hope that Congress would make some distinction other than the amount of pay received between the women who have given years of hard study in preparation for their lifework and the men who have had no training.

During the last year three hundred and twelve graduated nurses applied for admission to the corps; and these, in addition to those already on the reserve list, would make a very fair showing as an "eligible list."

But do not question our patriotism. Should occasion arise, the supply would far exceed the demand, but at the present time loyalty to those already giving their work to their country is more important.

"A true American nurse,"

SARAH R. SMITH,
Wilksburg, Pa.

[We think this writer has failed to grasp the true meaning of patriotism, which, as we understand it, is the highest sentiment of which a human being is capable. Love of country is something entirely above and beyond selfish or mercenary ends.

Our comment had nothing to do with the present conditions in the army, a discussion of which we reserve until a later issue. The plan for an eligible volunteer list to serve the country in time of national calamity or war has for its motive simply the enrollment of a list of carefully investigated nurses, that when the need comes selection may be made that will prevent the wild confusion of the Spanish War experience, when too many nurses accepted under the stress of war conditions *did not reflect credit* upon the morals, manners, dignity, or womanliness of the nursing profession. That a nurse's name is on that list does not compel her to serve if for any reason circumstances are such that she cannot do so when a call comes.

Among men we have the State militia, where the members stand ready to serve their State or country at any hour. The eligible volunteer list of nurses should mean practically a national militia of nurses, but if we are to judge by this writer the spirit seems to be lacking.—Ed.]

DEAR EDITOR: When the registration act was first suggested and eventually framed in New York I believe the intention was to allow all graduate nurses in good standing who could give evidence of a two-years' training to register without examination, the merely experienced nurses to be registered if they could demonstrate their right to recognition by passing an examination, the time limit being three years. So far so good.

What has happened? Amendments were introduced and carried with the result that the bill as it was passed differed in many respects

from the one originally drafted by the Legislative Committee, with the result that a large body of nurses are being refused registration on the plea that their schools are not now up to the standard. This is resulting in arraying hundreds of nurses against the whole movement.

Nurses whose schools are not up to the standard, or that for any reason have not been registered with the Regents, are advised that they may be recognized by passing an examination. This idea is extremely unpopular, as it classes graduates with the experienced nurses. Many would rather not be registered than obtain their R.N. in this way.

Now, does it seem quite fair to make nurses who graduated years ago responsible for the standard of their schools? There was not then the same choice of schools that there is now. Women went in good faith and took what was available at the time.

Many schools will not be ready to register for years, perhaps. Would it not be fairer to allow those nurses who are in good standing to register and have them with us in the movement, rather than against us or in a state of inertia?

With only nine hundred applications for State registration in a year and a half, it seems to me that the ultimate object of registration would be obtained more quickly with the active coöperation of the larger body, while nothing is to be gained by keeping them out. I would like to ask for the opinion of other nurses on this subject through the pages of the *JOURNAL*.

M. A. M.,
New York City.

DEAR EDITOR: May I take exception to some points in Miss Saffeur's letter to the Editor in the October number of the *JOURNAL*? I am sorry that it should be read by so many nurses who share her dissatisfied feelings and think it "a good thought well expressed."

It is my opinion that nurses who, in discussing the subject of bringing our profession to a higher standard or how higher education will affect the nurse in private practice, first ask the questions: What does the future offer us more than the past? Will it make our lives easier? Will the future nurse not have to work so hard while in training and after? can never prove beneficial to the profession or public.

Would not the sincere desire to raise our standard induce us to ask: How much more and better care shall we be able to give in the future than in the past? Will it make our lives more valuable and serviceable? And how can we help admiring and respecting the future nurse for her more thorough training through harder work and more studies?

Certainly more pay and less work are not what a nurse in private

practice should consider as first profits to be obtained from higher education. In Central New York we are paid twenty dollars per week. If we work forty-five weeks in the year, we have nine hundred dollars, and four hundred dollars will cover the expenses of a modest woman in our standing. Not many other people, such as carpenters, plumbers, etc., have as few living expenses as we. We enjoy food, fuel, and lights daily without paying the bills. Some will say, "We are not busy in more than seven weeks of the year." If not, it is our own fault unless prevented by personal illness. Nurses who lack employment, lack higher education, which shows itself in the want of tact, sympathy, intelligence, through which we win confidence; also in willingness to be helpful and active in the sick-room and in general.

If all nurses would possess these qualities, their services would be more in demand, and physicians and people would not dread the engagement of nurses as they do. Not long ago a physician told me that out of about thirty trained nurses of his acquaintance he would engage only three or four; if not able to get these, he preferred practical nurses. Another physician claims that of all the graduates of one school, who number about twenty-five, only two can be depended upon to give satisfaction wherever sent.

We must have higher education before we ask for more pay and less work. When our schools turn out more capable women we shall be in great demand. People will offer more to get us when we have their confidence. They will keep us in their homes weeks and months after restoration to health to guide them with our knowledge in the proper way of living or to meet sudden illnesses, dreaded emergencies.

Though a nurse in private work has some days of hard work, disturbed night's rest, and occasionally minor annoyances, what woman or man in trade, business, profession, or private life is entirely without them?

Think of our many advantages! There are days and days in which our actual work takes not more than two hours of our time. Make use of every minute of each day, and you will find ample opportunity to study and improve yourself. Wherever we go we find people interested in different things. Now we are nursing on a farm; next in the family of a mill-owner; then in a family intensely interested in foreign missions. We soon find out what people are most interested in, and they are glad to have us converse and ask questions concerning things of interest to them.

And if we take up hospital life, what do we find there? A multitude of suffering humanity. Unless our hearts go out in deepest com-

passion, with hands ready to do all they can, our minds willing to be broadened for more work, better work, let us stay away.

I have found two classes of nurses engaged in hospital work. First, those who are not satisfied with the little work they are sometimes able to do in private nursing, striving constantly to learn more, to do more, to do for more at the same time, considering much time wasted in which they might help those most needy, constantly desiring more responsibility and activities of body and mind. In this class we find many hard-working members, who have done most for our profession and are well worthy of all honor, respect, and admiration.

The other class are those who were unsuccessful in private work after graduation, to whom it seemed an effort to adapt themselves to different conditions and places; who found things not quite as ready and convenient as in the hospital, and who prefer to work mechanically, which they can do in the hospital wards. They may be capable workers, but are without heart and aim, and are just as well adapted to work in mills and department stores.

Sentiments expressed in articles like "The Beauty of a Life of Service," by Alice Lucas, in the October number of our *JOURNAL*, and "Woman in the Professions," by Elizabeth McCracken, in the *Outlook* of July 23, 1904, can be little appreciated by those who are looking for less work and more pay, but are certainly elevating and encouraging.

ANTONIE BOETTCHER,
Utica, N. Y.

[We think this nurse has the true spirit.—ED.]

DEAR EDITOR: In the October number of the *JOURNAL* you have a very good editorial on "The Path of Duty." That those conditions which you describe and deplore exist there is no doubt, but I think we cannot be judged as strongly as that. A brief analysis of the conditions under which the sister and nurse live will convince us of that. The woman who enters a convent is prompted to do it principally by religious motives. Her life and actions are dominated by one thought—namely, that by renouncing the world with all its cares and pleasures and giving her life to others she will be received into the Kingdom of Heaven. A very selfish motive, in my opinion, but if it brings such good results as the sisters' work has brought among us, it can easily be forgiven. But by entering the convent she is also relieved of all pecuniary cares, everything is arranged for her, and that leaves her free to devote her entire life to the cause she has taken up. Should she break down from over-work, the "order" will take good care of her, and when the time comes

that she is too old to give her services to the needy she is well provided for. But not so with the nurse. First of all, the woman who takes up nursing is in nine cases out of ten *not* prompted by religious motives, but by broader and higher ideals; she is fitting herself to be a useful member of the great universe; she does not renounce the world with its cares and pleasures; on the contrary, as she goes along the cares accumulate. Should she break down from overwork, there is no "order" to take care of her, and when the time comes that she is getting along in years the doctors and patients push her politely one side and take the younger ones. We are so often told that "Miss So-and-so is a good soul, but she is too old to nurse." But what is that nurse to do now, after she has given her best years to the profession and has not been able to save up enough money to live on? That is a question which is lost sight of. We are criticised for not taking every case, for refusing to go to certain parts of the city, and so on. I will relate only two instances of a nurse's experience, after which I hope our critic will be a little more lenient with us. I have in mind a certain nurse who, after she left the training-school, settled in a nurses' registry. One evening the lady who kept the house came up and asked her to take a case. It appeared that she had asked several nurses to take it, and they had all refused, as it was in the poorest part of the city. Although six years have gone by I can almost see her face, how she looked from astonishment and indignation. "Has nursing come down to that," she asked, "when a poor woman needs our help we sit in our rooms and refuse to go because she lives in the tenement district?" When she got there it was one A.M. It was in the last days of August, very warm out-doors. The room was hot and there was no ventilation. As she uncovered the patient she found her literally covered with bedbugs. To keep her quiet she had to take a basin of water and remove them. As soon as the stores opened she sent out for a new bed and mattress. With the aid of the patient's daughter she cleaned the front room and removed her patient there. As I mentioned before, she was up since one A.M., was there all day and also the following night, and could not even lie down, as the only couch there was in the room was also full of the same insects. When the doctor came and saw how much the patient had improved he insisted upon the nurse going home and taking a few hours' sleep. When she got home the lady who kept the registry said that she could not allow her to go back and forth from such a case for fear she might bring vermin into the house, and the nurses who go to "good" cases might carry them in their clothes, and, of course, that would ruin the registry.

Her next experience was two years later, when a call came for a nurse to go to a diphtheria case on night duty. It was a coachman's

child. Again some nurses refused to go, as it was over a stable and only two rooms, and again that nurse took the case. When she got there she found two children sick instead of one. The room was small and very poorly arranged for ventilation. In the morning the mother and remaining child were in the next room in bed, also sick with the same disease. Soon the question came up, Where shall the nurse sleep? She could not remain, as there was no room for her, neither could she go home for fear she might bring the disease to the house. After much thinking and telephoning it was decided that if she washed her head and changed her entire clothing every day before leaving the case she would be given a room at the registry. All this she had to do in a cold hall by a small gas-stove, and the result was that on the fifth night the nurse came down with diphtheria herself. There was no "order" to take care of her when for six long months she was unable to work. Now, I ask, can we be judged as hardly as we are if we do not take every case? And if we stop at times and ask ourselves if we have a right to risk our lives as we sometimes do, I must say that the answer is not always in the affirmative. It is not that we are afraid of death—oh no! it is the thought of being alive and not able to work, and so become a burden to others (for very few nurses have an income to live on), that makes us appear as if we are leaving the path of duty.

ROSA A. SAFFEIR, New York City.

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



DIET IN DIABETES.—Dr. Hutchinson gives in the London *Practitioner* some suggestions on the proper diet for diabetic patients, and emphasizes the importance of fatty foods as follows: "It may be truthfully said that the usefulness of any article of diet to a diabetic is in direct ratio to the amount of fat which it contains. Fat is the only nutritive constituent of food which cannot do a diabetic any harm; it never increases the output of sugar." "The best forms of fatty food are bacon and butter (each of which contains about eighty per cent.), cream (sixty per cent.), and salad oil or olive oil (which are pure fat). Every diabetic should learn to consume at least a quarter of a pound of butter a day; his bread should be soaked in it, and it should be used as a sauce for green vegetables and fish. Cream may be taken in tea or coffee. If there is difficulty in digesting enough fat, the administration of a little alcohol at meals will often improve matters."